

**FORM
INSP**Rev
05/11**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

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Inspection Date:

09/25/2015

Document Number:

674701871

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335568	335568	LONGWORTH, MIKE	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10516Name of Operator: LINN OPERATING INCAddress: 600 TRAVIS STREET #5100City: HOUSTON State: TX Zip: 77002

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☒ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Foster, Michael	281-840-4375	MFoster@linnenergy.com	Regulatory Compliance Specialist II
Johnson, Derek	970-285-2200	dsjohnson@linnenergy.com	
Burns, Bryan		bburns@linnenergy.com	
Lujan, Carlos		carlos.lujan@state.co.us	
White, Brent		bwhite@linnenergy.com	Production Foreman

Compliance Summary:QtrQtr: NWSE Sec: 15 Twp: 5S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/20/2014	674700211			SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
280075	WELL	XX	11/12/2013	LO	045-11174	LONG RIDGE 15B J15 595	ND	<input checked="" type="checkbox"/>
280584	WELL	XX	11/12/2013	LO	045-11295	LONG RIDGE 02D J15 595	ND	<input checked="" type="checkbox"/>
280587	WELL	XX	11/12/2013	LO	045-11292	LONG RIDGE 10C J15 595	ND	<input checked="" type="checkbox"/>
280588	WELL	XX	11/12/2013	LO	045-11291	LONG RIDGE 10B J15 595	ND	<input checked="" type="checkbox"/>
280596	WELL	PR	01/30/2011	GW	045-11290	LONG RIDGE 06D J15 595	PR	<input checked="" type="checkbox"/>
280597	WELL	XX	11/12/2013	LO	045-11289	LONG RIDGE 10D J15 595	ND	<input checked="" type="checkbox"/>
280598	WELL	PR	12/11/2014	GW	045-11288	LONG RIDGE LR15D J15 595	PR	<input checked="" type="checkbox"/>
280599	WELL	PR	12/15/2011	GW	045-11287	LONG RIDGE 06A J15 595	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

289284	PIT	AC	02/16/2007	-	LONG RIDGE FRAC PIT LR15D J15 595	AC	<input checked="" type="checkbox"/>
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Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
CONTAINERS	SATISFACTORY			
BATTERY	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: 970-285-2200

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	ACTION REQUIRED	Pit float balls stacked on northwest edge of location. Several pit float balls over side of location.	Remove unused equipment.	10/31/2015

Spills:

Type	Area	Volume	Corrective action	CA Date
	Tank	<= 5 bbls	Chemical container at wells has spilled inside of spill pan. Remove spilled chemical from spill pan.	10/16/2015

☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
PIT	SATISFACTORY			
WELLHEAD	ACTION REQUIRED	Damaged gate and fence at wells LR06D and LR06A. Damage was noted on previous inspection. 08/20/2014 Doc # 674700211	Repair fence and gate at LR06D and LR06A.	10/31/2015

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	3	SATISFACTORY			
Plunger Lift	3	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Chemical container at wells. See spills action required.		
Bird Protectors	3	SATISFACTORY			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	100 BBLS	PBV STEEL	,
S/AV:	SATISFACTORY		Comment:	
Corrective Action:			Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action	Corrective Date
Comment	

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 335568

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Environmental	lujanc	Before backfilling the pit, statistically representative DISCRETE samples of walls/bottom of the pit will be collected and sampled for TPH and PAHs. Representative discrete confirmation samples will be collected from the landfarmed soil for TPH, PAHs and SAR, pH, Arsenic. Arsenic background samples from nearby native soil (upgradient and cross-gradient of the pad) will be collected to compare arsenic background concentrations with impacted soil arsenic concentrations. A form 04, Notice of Completion will be submitted when pit and landfarmed material are in compliance with Table 910-1 and arsenic concentrations are below or at the max background concentration + 10%.	10/02/2013

S/A/V: _____ **Comment:** Pit is open.**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Stormwater:****Comment:** _____**Staking:****On Site Inspection (305):**Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:Summary of Operator Response to Landowner Issues:Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:**Facility**

Facility ID: 280075 Type: WELL API Number: 045-11174 Status: XX Insp. Status: ND

Inspector Name: LONGWORTH, MIKE

Facility ID:	280584	Type:	WELL	API Number:	045-11295	Status:	XX	Insp. Status:	ND
Facility ID:	280587	Type:	WELL	API Number:	045-11292	Status:	XX	Insp. Status:	ND
Facility ID:	280588	Type:	WELL	API Number:	045-11291	Status:	XX	Insp. Status:	ND
Facility ID:	280596	Type:	WELL	API Number:	045-11290	Status:	PR	Insp. Status:	PR

Producing Well

Comment: Producing well

Facility ID:	280597	Type:	WELL	API Number:	045-11289	Status:	XX	Insp. Status:	ND
Facility ID:	280598	Type:	WELL	API Number:	045-11288	Status:	PR	Insp. Status:	PR

Producing Well

Comment: Producing well

Facility ID:	280599	Type:	WELL	API Number:	045-11287	Status:	PR	Insp. Status:	PR
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Producing Well

Comment: Producing well

Facility ID:	289284	Type:	PIT	API Number:	-	Status:	AC	Insp. Status:	AC
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Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____
Comment: _____
Corrective Action: _____ Date: _____
Reportable: _____ GPS: Lat _____ Long _____
Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: Open pit, 2 open conductors with cellars, Land farming at entrance south west edge of location.

1003a. Debris removed? _____ CM _____
 CA _____ CA Date _____
 Waste Material Onsite? _____ CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? _____ CM _____
 CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Inspector Name: LONGWORTH, MIKE

Comment: _____

Corrective Action: _____

Date: _____

Overall Final Reclamation _____

Well Release on Active Location ☐

Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Gravel	Pass			
		Check Dams	Pass			
		Ditches	Pass			
Gravel	Pass					
Berms	Pass					
		Compaction	Pass			
Ditches	Pass					
Check Dams	Pass					
		Culverts	Pass			
				MHSP	Fail	chemical spilled inside of spill pan
Compaction	Pass					

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Pit Type: Centralized Frac Lined: YES Pit ID: 289284 Lat: 39.610890 Long: -108.038100

Lining:

Liner Type: Plastic Liner Condition: Adequate

Comment: _____

Fencing:

Fencing Type: Livestock Fencing Condition: Adequate

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: None

Anchor Trench Present: YES Oil Accumulation: NO 2+ feet Freeboard: _____

Pit (S/A/V): SATISFACTOR Comment: Storm water in pit.

Corrective Action: _____ Date: _____

Permit:	Facility ID	Permit Num	Expiration Date
	289284	1433606	
	289284	1433606	

Attached Documents

Inspector Name: LONGWORTH, MIKE

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
674701907	LONG RIDGE J-15 power point Housekeeping and spill	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3696543

ACTION REQUIRED

ANY ACTION REQUIRED items listed on this report indicate that the oil and gas facility or the oil and gas operations listed on the report may be in violation of the rules and regulations of the Colorado Oil and Conservation Commission (“COGCC”) and corrective action is required.

There is reasonable cause to believe that a violation of the Oil and Gas Conservation Act, or of any rule, regulation, or order of the Commission, or of any permit issued by the Commission, has occurred. The Operator’s compliance with this Inspection Report is required to resolve these alleged violations. This document requires the Operator to timely respond to the COGCC and to comply with directives as listed by the **Corrective Action Deadline Date**. Failure to do so will result in the issuance of a Notice of Alleged Violation and initiation of enforcement proceedings in which COGCC will seek monetary penalties for the alleged violations pursuant to § 34-60-121, C.R.S. and Rule 523, COGCC Rules of Practice and Procedure, 2 CCR 404-1. (Please note that the COGCC's penalty authority was recently increased to a maximum of \$15,000 per day and penalties are no longer capped at a maximum of \$10,000 per violation.)